MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 8080 CERTIFICATE OF DEATH **CERTIFICATE OF DEATH**

	U	800	
Reg.	Dist.	No.	

PLACE OF DEATH COUNTY	MARYLAND	2. USUAL RESIDENCE (Where dece	ased lived. If institution: b. COUNTY	Residence before admission)
b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	C. CITY OKJOWN (If outside co	orparate limits, write RUR	AL and give nearest town)
d. NAME OF HOSPITAL (IF not in Mospital, give street a OR INSTITUTION SHAFFERS CONVALES	CENT RETREA	d. STREET ADDRESS	ST.	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Middle	Beeker 4. DA	TE Month	Day Year 6 1962
S. SEX 6. COLOR OR RACE 7. MARRI FEMALE WHITE WIDOWE	ED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH SEPT 16, 1874		FUNDER 1 YEAR IF UNDER 24 HRS. Wonths Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if relired) HONE 13. FATHER'S NAME	KIND OF BUSINESS OR INDU	JSTRY 11. BIRTHPLACE (Stote or foreign MARYLAHD 14. MOTHER MAIDEN NAME	in country)	12. CITIZEN OF WHAT COUNTRY?
UHKHOWN	SOCIAL SECURITY NO.	ROSE P. WY	FIPPERMI Address	
Conditions, if ony, which gove rise to immediate couse (a), stating the under-lying couse lost. Conditions (b) DUE TO DUE TO DUE TO PART II. OTHER SIGNIFICANT CONDITIONS CO	temologhe	Cardo vara	ula, dese	en 5 years
- CATIC		ED. (Enter noture of injury in Port I or		PERFORMED? YES NO
	Not white fo	LACE OF INJURY (Home, form, 20f., street, office bldg., etc.)	City or town)	(County) (State
21. I certify that I attended the decease alive an 19 4	ed fram and that death		/	an the date stated above
SIGNATURE STOMMON	Herver	M.D. CCUST	4 My	
PHYSICIAN'S Thomas F. He 220. BURIAL, CREMATION, 22b. DATE THEREOF	2 Chert, H.D	M.D. (CUST)	CATION (City, town, or	county) (State)

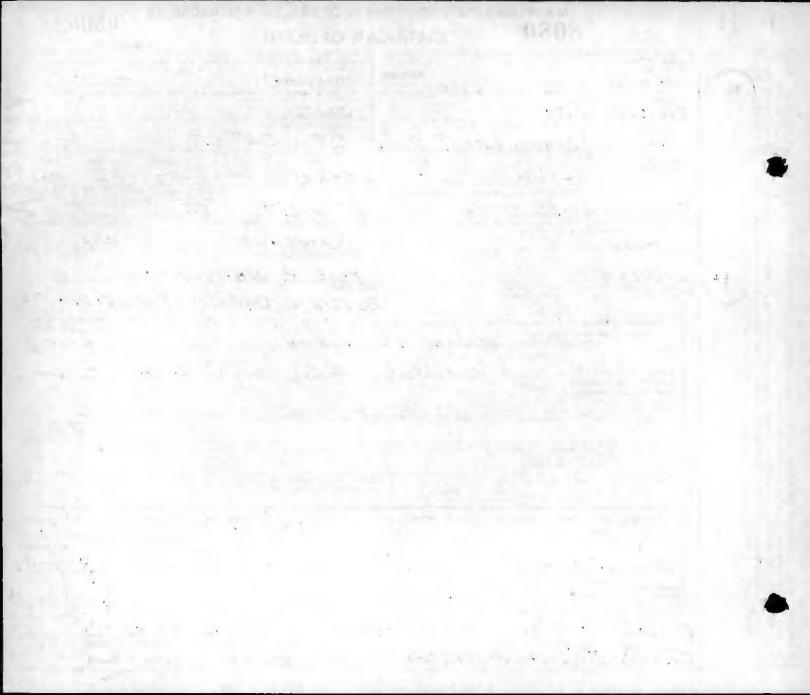
OR ATTENDING PHYSICIAN: The law requires that the Beath certificate be executed within III h may to stained by the haspital ar attending physicion.

D FUN. It DIRECTOR: After this certificate has been signed by the ottending physician and campletely fill, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages the registrar priar to burial, crematian, or removal, and in any event within 7% pages. TO HOSPITAL TO FUN VS A1S (4) 1SM 9/SB

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ours after death. Page



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 8084

08063 Reg. Dist. No.

1. PLACE OF DEATH O. COUNTY HO	oward	MARYLAND	2. USUAL RESIDENCE	! (Where deceased liveryland	ed. If institution: f b. COUNTY	Residence be HOW	_
b. CITY OR TOWN III outside ond give nearest town! Rural, Clai		c. LENGTH OF STAY IN 16 51 years	1	(If outside corporole Clarksv:		L and give n	nearest (own)
d. NAME OF HOSPITAL OR	INSTITUTION (If not	in hospital, give street address)	d. STREET ADDRESS	S			e, IS RESIDENCE ON A FARM? YES NO
3. NAME OF -DECEASED (Type or print)	Philip	Middle Joseph	Chambers	4. DATE OF DEATH	Month July	Doy 22	Year 19 60
		AARRIED NEVER MARRIED 8.	2/22/09	Fost	GE (In years IF Uh birthdoy) Mont	ths Doys	IF UNDER 24 HRS. Hours Min.
100. USUAL OCCUPATION (Girduring most of working life, Chauffeur 13. FATHER'S NAME	re kind of work done even if retired)	School buser:		land) 12	U.S	F WHAT COUNTRY?
	ard Chamb		-	Le Lord			
15. WAS DECEASED EVER IN L (Yes. no, or unknown) Ilf yes,	J. S. ARMED FORCES? give war ar dates of service)		s. Margie	Broadwa	Address ater, Cl	larks	ville, Md
Canditions, If any, who gave rise to immediate cate (a), stating the underly couse last.	CAUSED BY: DIATE CAUSE (a) DUE TO DIATE CAUSE DUE TO Orich OUE TO (c)	Coronary arter			IDITION GIVEN ÎN	PART 1(o) 1	PAL BETWEEN ET AND DEATH
	ING D	SCRIBE HOW INJURY OCCURRED. (E	nter nature of injury in l	Part I or Part II of ite	m 1B,]		
20c. TIME OF INJURY Hour c. m. p. m.		20d. INJURY OCCURRED 20e. PLAC While Not white of work	E OF INJURY (Home, fi try, street, affice bldg.,	arm. 20f. (City or la	wn)	(County)	(State)
21, I certify that I	taak charge of	the remains described abo	ve, held an Auto	psy, Inspec	ction 🔀 , In	quiry 🔀	, and find that
ACTUAL Ch.	Mes & a	Musake,		EXAMINER D	ermined cause		DATE SIGNED 7/23/60
220. BURIAL CREMATION, 221		Vhitaker, M.D.		22d. LOCATION	(City, lown, or cou	nty)	(State)
	-2560	St. Louis			rksville,		
F. C. Higinboth		t City, Md	24a. RI	JUL 25 '60	24b. REGISTRAR	S. SIGNATU	

VS. A15ME(5) 5M 9/55

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MARYLAND

c. LENGTH OF STAY IN 16

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7. MARRIED NEVER MARRIED

Lumber Yard

220-09-2165

TE OF DEATH	HORE I, MARILAND	08964
2. USUAL RESIDENCE (Who o. STATE Mary).	ere deceased lived. If institution: and b. COUNTY	
	utside corporate limits, write RUR/ - Sykesville	AL and give nearest town)
Underwood	Rd. At Forsyt	he Rd Is residence ON FARM?
RTHY	4. DATE Month OF July	9, Doy Year 60
B. DATE OF BIRTH December 31	lost birthdoy	UNDER 1 YEAR IF UNDER 24 HRS. Ionths Days Hours Min.
STRY 11. BIRTHPLACE (Stote		12. CITIZEN OF WHAT COUNTRY?
14. MOTHER'S MAIDEN N		
NFORMANT LISS. Mary C	. Esworthy,	Same as 1
luma. Lu	er o brain	INTERVAL BETWEEN ONSET AND DEATH
1	1 premories	1959
4.7000	//	70

Conditions, if ony, which gove rise to immediate **DUE TO** couse (o), stoting the undersh Side, aneman lying couse lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) WAS AUTOPSY PERFORMED? YES NOV 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Port II of item 1B.)

CERTIFICATION 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, | 20f. (City or town) Year (County) (Stote) factory, street, office bldg., etc.) MEDI Hour o. m. While Not while of work of work p. m. 21. I certify that (I) (this haspital) strenged the deceased fram.

, that (1) (we) last 19 60, and that death accurred AND PM, from the causes and on the date stated above. saw the deceased alive an 22o. SIGNATURE 22b. DATE SIGNED

22c. PHYSICIAN'S

Howard

M.D. PHYS. MED. DIRECTOR PHYS. 22d. ADDRESS

11,1960 McKendree Cemetery 23b. DATE THEREOF 23a. BURIAL, CREMATION, 野也Y也是Tecify) July

Hall

Howard

24. FUNERAL DIRECTOR'S SIGNATURE

NAME (Type)

Winfield, Maryland

25g, REC'D BY REGISTRAR DATE JIH 1 3 '60

25b. REGISTRAR'S SIGNATURE Colling S. Kraus

C. M. Waltz,

1, PLACE OF DEATH o. COUNTY

OR INSTITUTION

NAME OF

5. SEX

Male

(Type or print)

13. FATHER'S NAME

Yes

John

Howard

Rural -- Sykesville

during most of working life, even if retired)

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o)

b. CITY OR TOWN (If outside corporate limits, write

d. NAME OF HOSPITAL (If not in hospital, give street address)

WILLIAM

6. COLOR OR RACE

White

Underwood Rd. At Forsythe Rd

WIDOWED |

First

100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR IND

Esworthy

15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.

18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]

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Page		irecta	iw be	7	
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs ofter death. Page		TO FUNE DIRECTOR: After this certificate has been signed by the attending physician and campletely filled by the funeral director	be file		
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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs ofter death. Page 4

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8	OUOD Ttems ERIFICA	TO LINE SER SER SER SER SER SER SER SER SER SE
	1. PLACE OF DEATH o. COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY Howard
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)
	Simpsonville Life	Simpsonville, Md
	d. NAME OF HOSPITAL (If nat in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS o. 1S RESIDENCE ON A FARM? YES \(\) NO
	3. NAME OF DECEASED (Type or print) William Altrace	GA NOWA DEATH July 24, 1960
	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED DIVORCED	March 10 1900 9. AGE (in years life UNDER 1 YEAR IF UNDER 24 HI Months Days Haurs Min.
1	18a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUS	
X	during most of working life, even if retired) Laborer	Maryland U.S.A.
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Alfred Galleway	Alberta ?
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN	FORMANT Address Simpsonville, M
ŀ	1B. CAUSE OF DEATH [Enter only one cause per line for (g)/(b), and (c).]	Interval Between ONSEL AND DEATH
	PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove rise to immediate cause (a), stoting the under-lying cause lost. (b) DUE TO (c)	on Molighanes 9 Mo
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CO	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS PERFORMED? YES NO [
		D. (Enter nature of injury in Part I or Part II of item 18.)
		ACE OF INJURY (Hame, farm, 20f. (City or town) (County) (Stoctory, street, office bldg., etc.)
	21. I certify that (1) (this haspital) attended the deceased fram saw the deceased alive an 7/47	11/30 195 /ta /2 4 1960, that (1) (we) la death accurred at/30 M, from the causes and on the date stated above
	22a. SIGNATURE	ATTENDING MED. STAFF SIGNI
	22c. PMYSTERAN'S NAME (Type) BPWARPFN	22d. ADDRESS Level Ind
A	23d. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY O	
	Burial 7/27/60 Locust Memor	ial Com Simpsonville Mi 25g. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
3	The state of the s	239. REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 8081

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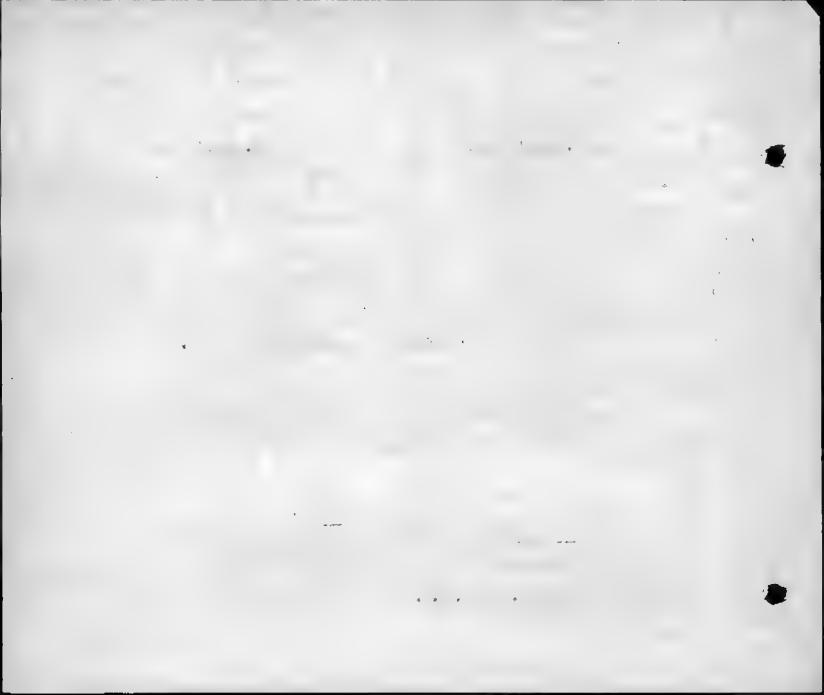
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TIFICATE OF DEATH	(18()) Reg. Dist. No.

DI PLACE OF DEATH			MARYLI		usual residence (Who a. STATE Marvland	ere deceased li	b. COUNTY Howa		e before adm	ssion)
	outside carporate limit arest tawn)	ls, write	c. LENGTH OF STAY IN	N 16	c. CITY OR TOWN (IF o				ive negrest to	vn)
d. NAME OF HOSPITA	AL (If not in haspital, gi	ive street a	address)	1	d. STREET ADDRESS		194	3	ON	A FARM?
B. NAME OF DECEASED (Type or print)	Willia		Ernyst	-	KRÄFT	4. DATE OF DEATH	July 3		Day	Year 19
s. sex		7. MARRI WIDOWEI	D DIVORCED		ATE OF BIRTH	9.	AGE (in years last birthday)		YEAR IF UN Days Haur	
Oa. USUAL OCCUPATIO during most of working Retired 3. FATHER'S NAME	N (Give kind of work of ing life, even if retired)		U.S. Governs	INDUSTRY		t City		12. CITIZ	EN OF WHAT	COUNTR
Andrew K	raft				Dore	othw-	Leim	bach		
(es, no, or unknown)	TN U. S. ARMED FORG		SOCIAL SECURITY NO.		rmant Dr. Thomas F.		- Addr	ress	777	
422	TH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO	Clr	er for (a), (b), and (c).]	tu	Carotio- V	Tucol	m dise	me	ONSET AN	Jeg .
Conditions, if or gave rise to in cause (a), stating I lying cause last.	DUE TO DUE TO DUE TO ON, which the under- ER SIGNIFICANT CONI S UNDERLYING CONI CAUSE OF DEATH	DITIONS	ONTRIBUTING TO DEAT		T RELATED TO THE TERMI			YEN IN PART	1(a) 19, WA:	AUTOPS ORMED?
Canditions, if on gave rise to in cause (a), stating I lying cause last. PART II. OTH 20a. ACCIDENT WA. OR CONTRIBUTING (IF EITHER, NOTIFY)	DUE TO DUE TO ONLY, which on the under- ER SIGNIFICANT CONI S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	DITIONS CO	ONTRIBUTING TO DEAT	CURRED. (E		Part I or Part II	of item 18.)		1(a) 19. WA:	S AUTOPS ORMED?
Cenditions, if or gave rise to in cause (a), stating I lying cause last. PART II. OTH 20a. ACCIDENT WA. OR CONTRIBUTING (IF EITHER, NOTIFY) 20c. TIME OF INJURY Haur a. m., p. m. 21. I certify the alive an	DUE TO DUE TO DUE TO ONLY, which a control of the under to the unde	DITIONS CO	ONTRIBUTING TO DEAT RIBE HOW INJURY OCCURRED Nat while at wark	CURRED. (E	OF INJURY (Hame, farm, street, office bldg., etc.	20f. (City a	of item 18.)	that I las	aunty) 1(a) 19. WA. PERF YES [S AUTOPS ORMED? NO (State
Cenditions, if or gave rise to in cause (e), stating I lying cause lost. PART II. OTH 20a. ACCIDENT WA. OR CONTRIBUTING (IF EITHER, NOTIFY if a live an actual signature PHYSICIAN'S NAME (Type) 2a. BURIAL, CREMATION REMOVAL (Specify)	DUE TO DUE TO DUE TO DUE TO Color, which in mediate the under- ER SIGNIFICANT CONI S UNDERLYING CONI CAUSE OF DEATH MEDICAL EXAMINER) Y Manth, Day, Year 19 at 1 attended the	DITIONS CO 20b. DESC 20b. DESC 27 20d. IN While at wark decease 1, 19 6	ONTRIBUTING TO DEAT CRIBE HOW INJURY OCCURRED Mat white at wark and that of Company of the	CURRED. (E	OF INJURY (Hame, farm, street, office bldg., etc.	A, fram th	e causes an	that I last d an the state)	aunty)	S AUTOPS ORMED? NO (State decease
Cenditions, if or gave rise to in cause (e), stating I lying cause lost. PART II. OTH 20c. ACCIDENT WA. OR CONTRIBUTING (IF EITHER, NOTIFY I) 20c. TIME OF INJURY Hour a. m., p. m. 21. I certify the alive an	DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO CONTROL (b) DUE TO DUE TO CONTROL (c) CONTROL	DITIONS CO 20b. DESC 20b. DESC 27 20d. IN While at wark decease 1, 19 6	ONTRIBUTING TO DEAT RIBE HOW INJURY OCCURRED Nat while at wark at wark at wark at wark are at wark a	CURRED. (E	OF INJURY (Hame, farm, street, office bldg., etc., 19.37, to., curred at 10.40.	A, fram th	e causes and city ar tawn, on (City, tawn, cellicott	that I last d an the state)	aunty) It saw the date state by the date state	(State signi

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MARYLAND STATE DEPARTMENT OF HEALTH BALTIMORE 1, MA TE OF I PLACE OF DEATH 2. USUAL RESIDENCE (Where decased lived, if institution, Residence before admission) a COUNTY Page b. COUNTY a. STATE Howard Howard Marvland MARYLAND b. CITY OR TOWN (if outside comporate limits. c. LENGTH OF STAY IN 16 c City OR TOWN (If outs da corporata limits, write RURAL and give neerast town) rector. write RURAL and give neerest town) Ellicott City Ellicott City d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (I not in hospital, give street address) . IS RESIDENCE ON A FARM? h? St. John's Lane St. John's Lane YES NO Y 3. NAME OF or Found Middle Year DECEASED 3 10 計 DEATH (Typa or print) CHARLES NOT TE 19 60 6. COLOR OR RACE 7. MARRIED W NEVER MARRIED 8. DATE OF BIRTH AGE (In years (IF UNDER 1 YEAR With 5. SEX IF UNDER 24 HRS may 2 with lest birthday) Months Hours Male DIVORCED WIDOWED [88 PM3. Page 5 1Da. USUAL OCCUPATION (Giva kind of work 1Db. KIND OF BUSINESS OR INDUSTRY TI. BIRTHPKACE (State or fore on country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, evan if retired) Give Pages 1, ILS.A. Bakertretired Koester C P.M.3. 13. FATHER'S NAME Unknown St. John Lane 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) | (If yes give war or detas of service) 212-10-67-61 certificate should be executed 18. CAUSE OF DEATH |Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Arteriosclerotic Cardiovascular Disease. penail IMMEDIATE CAUSE (a) DUF TO Office Conditions, if any, which íЫ gava rise lo immadiata causa DUE TO (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 11-81, 19, WAS AUTOPSY CERTIFICATION PERFORMED? NO 2Db. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of stem 18.) 20s. EXTERNAL CAUSE WAS PRIMARY [] or CONTRIBUTING [] CAUSE OF DEATH. P (2) 2Dd. INJURY OCCURRED 1 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) the Chie 20c. TIME OF INJURY Month, Day, Year (County) (Stata) factory, street, office bldg., atc.) Not While While at work at work Partti el OR 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection Inquiry and in my opinion be forwarded to agent, death resulted from. Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER [ute the ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE FUNERAL DEPUTY MEDICAL EXAMINER 7/26/60 EXAMINER'S Charles S. Petty should NAME (Typa) Address (Street, city, town, or county) DE 22d. LOCATION (City, town, or country) 22a. BURIAL, CREMATION. REMOVAL (Specify) 40 6 ᆷ 24b. REGISTRAR'S SIGNATURE 24a. REC'D BY REGISTRAR I 23. FUNERAL DIRECTOR JUL 27 '60 VS. A15ME Orthur S. Kraus 5M 7/59



VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH O O CO POPULISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

	803	56		CERTIF	ICA	E OF DEATH				181	167
	LACE OF DEATH L. COUNTY HOWARD	County	r	MARY	(LAND	2. USUAL RESIDENCE (W	here deceased		on: Residence	pefore o	odmission]
ŀ	CITY OR TOWN (If outside of RURAL and give regress fown	prparate limits,	write c LI	NGTH OF STAY	IN 16	c. CITY OR TOWN (IF		ate limits, write R	URAL and give	neares	(town)
	d. NAME OF HOSPITAL (If not or institution Linder	n haspital, give	street addre	35)		d STREET ADDRESS 621 Sout	thmont	Road	14	1	IS RESIDENCE ON A FARM? ES NO
[]	NAME OF DECEASED Type or print)	First Selma	à	Middle E •		ens	4 DATE OF DEATH	Mor 7	nth	00y 17	Year 19 60
5 S	emale 6 COLO		MARRIED [NEVER MARRI		. DATE OF BIRTH 7131885		9. AGE (In years last birthday) 75 yes		_	UNDER 24 HR
10a	. USUAL OCCUPATION (Give k duding most of working life, ex HOUSEWILE	ind of work dor en if retired)	10b. KIND	OF BUSINESS C	OR INDUS	Maryland	or foreign co	untry)	12.CITIZE	N OF W	'HAT COUNTRY
13.	FATHER'S NAME					14. MOTHER'S MAIDEN	NAME				
	Benry Eversmi				1	Unkown		Add			
	WAS DECEASED EVER IN U. S., no. or unknown) (If yes, give v	rar or doles of servi-		AL SECURITY NO		llian Uebel	İdinde	n Ave; I		e,Ma	ryland
	PART I. DEATH (Enter PART I. DEATH WAS C IMMEDIA Conditions, if ony, which gove rise to immediate cause (a), stating the under- lying cause last.	AUSED BY: TE CAUSE (o) DUE TO	per line for Outer	(0), (b), and (c).	inte	hegpartons	in c	dis		ONSET	AL BETWEEN AND DEATH
CATION	PART II OTHER SIGNIF		TONS CONTI	eletus.	ATH BUT	NOT RELATED TO THE TERM	IINAL D:SEASI	CONDITION GI	VEN IN PART I	1	WAS AUTOPS PERFORMED? ES NO
CERTIF	20a ACCIDENT WAS UNDERLOR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL	OF DEATH	b. DESCRIBE	HOW INJURY O	CCURRED	. (Enter nature of injury in	Part I or Part	II of item 18.)			
MEDICAL	20c. TIME OF INJURY Month, Haur a.m. p. m.	Day, Year 19	While	OCCURRED Nat while at wark	20e. PLA fac	CE OF INJURY (Home, fari ory, street, office bldg., et	n, 20f. (City c.)	or town)	(Co.	inty)	(Stat
	21 I certify that (i) (Thi	-	attended i			august, 19		July 17			
	220 5 GNATURE	er fra	A. W.	7,		ATTENDING	NED TRECTOR	STAFF PHYS			22b DATE S GNE
	22c. PHYSIC AN'S NAME (Type)	NA /	VES	1177	In	22d ADDRESS	LP.	D b	.07-	, ,	and.

23a BURIAL, CREMATION, 23b DATE THEREOF 7-20-1960

23c NAME OF CEMETERY OF CREMATORY
Salem Lutheran

23d LOCATION (City, town, or county)
Catonsville

(State) Md

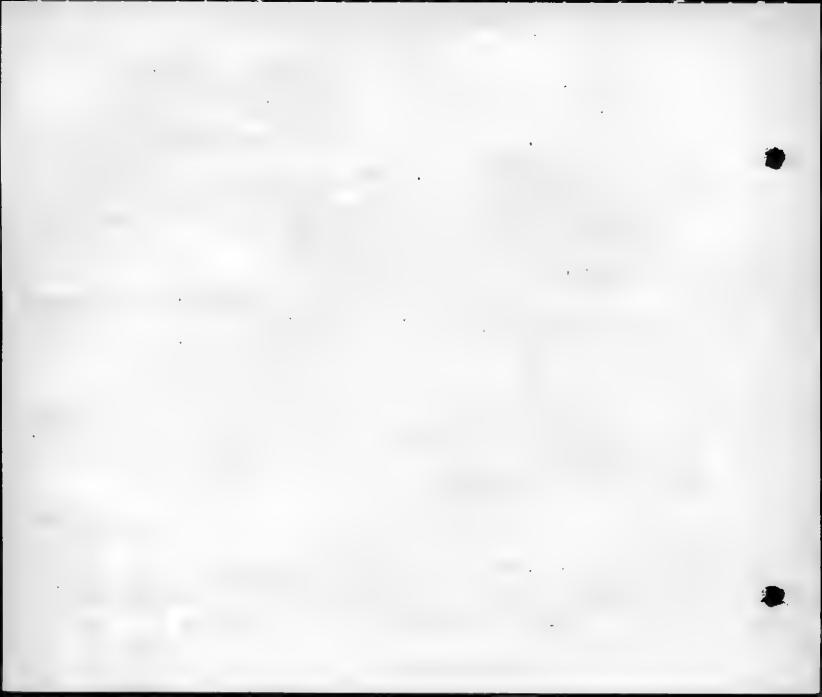
FUNERAL DIRECTOR'S SIGNATUR

DDDRESS

250 REC'D BY REGISTRAR

25b REGISTRAR'S SIGNATURE arilus S. House

DATE 101 21 '60



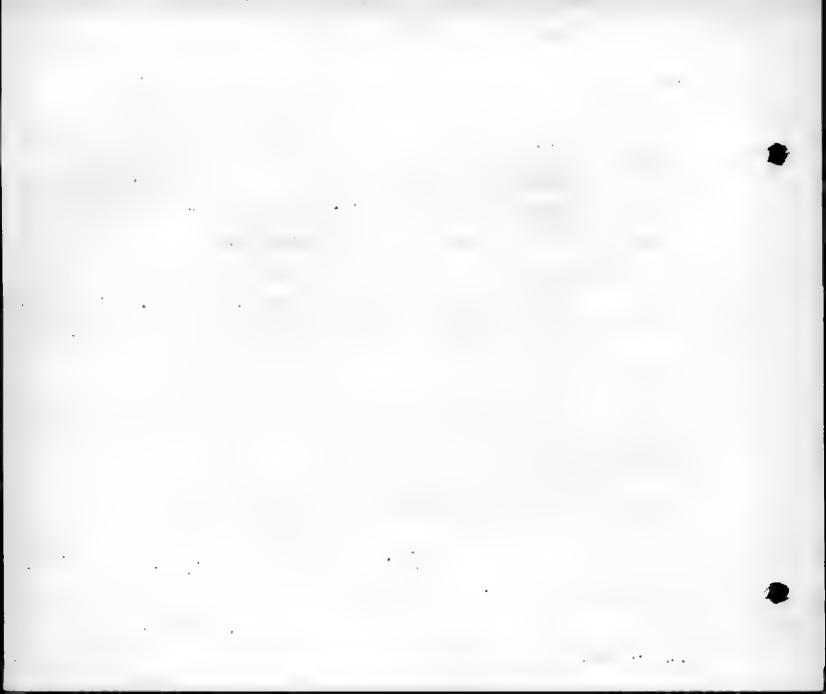
after death.

law requires that the death certificate be executed

by the hospital ar attending physician

80

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



PRESTON STREET, BALTIMORE 1, MARYLAND Division of STATISTICAL RESEARCH FOR STAT MEDICAL EXAMINER'S CERTIFICATE OF . PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) e. COUNTY Page e. STATE b. COUNTY files. HOWARD Marvland MARYLAND b. CITY OR TOWN (if outside corporate limits. E LENGTH OF STAY IN 16 c. CITY OR FOWN (If outside corporete him is, write RURAL end give necres) town) director. your write RURAL end give negrest town! Highland Highland
d. NAME OF HOSPITAL OR INSTITUTION (1/ not in hospital, give street address) d. STREET ADDRESS Boar 3. NAME OF Middle 4. DATE Lest Month DECEASED OF (Type or print) Jacob Shillinger DEATH July 6 COLOR OR RACE 17. MARRIED NEVER MARRIED B. DATE OF BRTH AGE (In years | IF UNDER 1 YEAR last birthdey] Months Male WIDOWED T DIVORCED Pages I. 10e. USUAL OCCUPATION (G've kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. B RTHPLACE (State or foreign country) done during most of working life, even if retired) Veterinary pages I within Maryladd 14. MOTHER'S MAIDEN NAME Samuel Shillinger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? Teresa Swinghammer 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no. or unkown) | (If yes give wer or dates of service) Dr. Robt. B. Shillinger, 3A Watkins Acres, Frederick 216-38-7369 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), (DEATH WAS CAUSED BY. Hypertensive arteriosclerotic cardiovascular IMMEDIATE CAUSE (e) DUE TO disease. (b) gave rise to immediate cause DUE TO [e], steting the underlying PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 0, 19, WAS AUTOPSY 2 CERTIFIC 200 EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Part I of item 18) PRIMARY | or CONTR BUTING | 20c. TIME OF INJURY Month, Dev. Yeer 2Dd. NJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, , 20f. (City or town) fectory, street, office bldg., etc.) Not While et work et work PARTTAT 085 23. I certify that I took charge of the remains described above, held an Autopsy X Inspection Natural causes Suicide death resulted from. Accident Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER should be for FUNERAL 1 SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** NAME (Type) Address (Street, city, town, or county) 220. BURIAL, CREMATION, 226 DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or country) REMOVAL (Specify) Arlington National 40 Arlington, Va Burial 23. FUNERAL DIRECTOR 24e. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE VS. AISME F.C. Higinbothom, Ellicott City, Md AUG 1 5M 7/59 Orthur & Klassa

MARYLAND STATE DEPARTMENT OF HEALTH

Howard

e. IS RESIDENCE

19

12. CITIZEN OF WHAT COUNTRY?

IF UNDER 24 HRS

INTERVAL BETWEEN ME

PERFORMED?

NO

(State)

YES X

and in my opinion

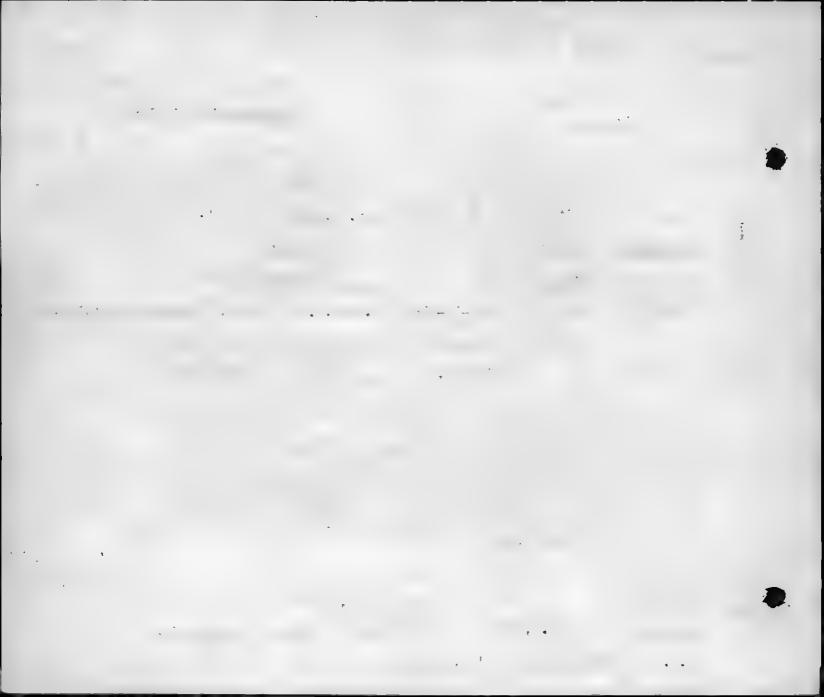
DATE SIGNED

(State)

July 28, 1960

(County)

ON A FARM? YES Y NO



TO FUND by setoined by the hospitol or ottending physicion. TO FUND DIRECTOR: After this certificate has been signed by the attending physician and completely filled by the funeral director, page 3 Wabild be detached for use as the buriot-transit permit. Then please remove corban papers. Pages 7 and 2 should be filled with the registrar prior to buriot, cremotian, or remayal, and in any event when 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The faw requires that the death cartificate be executed within 24 hours after death. Page 4

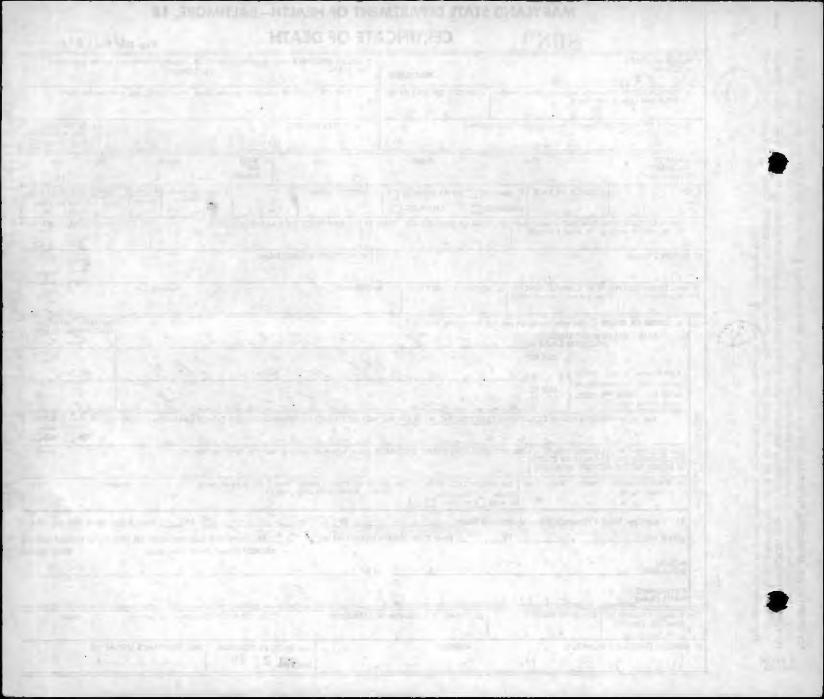
VS A1S (4) 1SM 9/SS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 8089

CERTIFICATE OF DEATH

Reg. Dill 86070

- 1	PLACE OF DEATH O. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
	Haward MARYLAND	o. STATE haryland b. COUNTY Howard
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give pearly town) -	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	Elks das 65 um	X Elkridge
Γ	d. NAME OF HOSPITAL (If not in hospital) give street address) OR INSTITUTION	destreet address (e. 15 RESIDENCE
L	5500 Rare Road	15500 Race Road ON A FARM?
3	NAME OF DECEASED A First Middle	Last 4. DATE Manth Day Year
L	(Type or print) / annie 5 x cd	Tay 10- DEATH July 18 1960
S	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
3	Temale Colored WIDOWED DIVORCED	april 21 1885 75 yrs. Months Days Hours Min.
ľ	Oo. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	JSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
L	House wite Home	Caroline co. Va. U.S. A.
1	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Phillip Kabinson	1)0114
	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (et. no. or unknown) (if yes, give wor or dates of service)	INFORMANT O Address 210 Winlers
Ľ	N	la maria Kideout Ave
F	IB. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN
	PART 1, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0)	ONSET AND DEATH
	DUE TO	- Confort 2 les
ı	Conditions, if ony, which	Mench Ati
	gave rise to immediate	ingo walls 17%
1	luing cours lost	S. Cont. 180 : 50
2		T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
A TI	Ra-bi	PERFORMED?
013	200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRI	ED. (Enter native of injury in Port I or Port II of item 18.)
CESTIES ATION		Le. Leiner inguite or injury in rort i or rort ii or item to.)
CAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. Pt	ACE OF INJURY IHome, form, 20f. (City or town) (County) (Stote)
ANCOICAL	Hour a.m. While Not while for p. m. 19 of work of work	octory, street, affice bldg., etc.)
1		10606 1. 0. 0. Kanda.
	21. I certify that I attended the deceased fram.	1913, to 1960, that I last saw the deceased
	alive an, and that death	occurred at 12.5 M, fram the causes and an the date stated above.
	ACTUAL BILL BILL	DATE SIGNED
1	SIGNATURE STORY OF THE STORY OF	100/ way 21 ///8/
	PHYSICIAN'S RABRITON DAUGI	h Gellminger mg
2	Co. BURIAL, CREMATION, 226. DATE THEREOF 22C, NAME OF CEMETERY C	DR CREMATORY 22d. LOCATION (City, toyn, or county) (Stote)
	BRING (Specify) 7/21/60 Arbutus	Mem. Park Bultimore Co. (Stote)
2	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
	Hubert E. hutter 3035-W. I	to partly 20 60 cinhung & Thomas
\vdash		



TO FUNE

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

08071

o. COUNTY TOWARD	MARYLAND	2. USUAL RESIDENCE (Where	deceased lived. If institutions b. COUNTY	Residence before admission) Howard
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Elkridge	c. LENGTH OF STAY IN 16	Elkridge	ide corporate limits, write RUR	RAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION TO Hunt Club Rd.		ON A FA		e. IS RESIDENCE ON A FARM? YES NO A
3. NAME OF First DECEASED (Type or print) Mary E. Torney	Middle	Lost 4	DATE Month OF DEATH July 26	/
S. SEX 6. COLOR OR RACE 7. MARR WIDOWE		DATE OF BIRTH		FUNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WORK OWN HOME				
13. FATHER'S NAME Edward Shipley		Mary Cole		
15. WAS DECEASEDEVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		Joseph Mont	1ey5107W	1 /
PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if ony, which gove rise to immediate couse (o), stoting the under- lying couse lost. PART H. OTHER SIGNIFICANT CONDITIONS C	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINA	parton.	ONSET AND DEATH
OR CONTRIBUTING CAUSE OF DEATH	Not while foct		t I or Port II of item 18.) 20f. (City or town)	(County) (State)
21. I certify that (I) (this hospital) attends aw the deceased alive an Az A CY 220. SIGNATURE 22c. PHYSICIAN'S NAME (Type) Bruce B. Bruw	261962D and that d	A.D. ATTENDING MED. PHYS. DIRECT	O. to John Staff De Staff Staff St., Elkri	27b. DATE SIGNED
230. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 7/29/60	23c. NAME OF CEMETERY OF		od. LOCATION (City, town, or	22 222
24. FUNERAL DIRECTOR'S SIGNATURE AMBROSO. 146. 1328 Swl	ADDRESS			RAR'S SIGNATURE

and the state of t AND THE RESERVE AS A PROPERTY OF THE PROPERTY